

Officer Evaluation Reports

The Power of the Pen

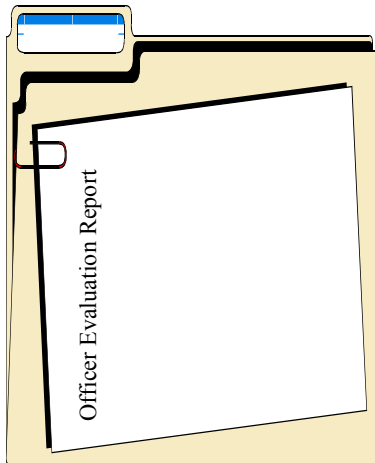
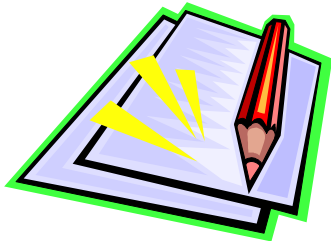


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INTRODUCTION OFFICER EVALUATION REPORTS

What stands between you and your next promotion, school opportunity, or hand-selected position? It most likely **won't** be an interview with a military board, commander or senior executive. It **will** most likely be the written account of your job and performance in the form of your Officer Evaluation Report (OER).

Unlike many other professional careers, the military depends heavily on the written account and evaluations of junior officers by senior leaders. The OER is the most impressive feature of an officer's file. The importance of it to your future cannot be underestimated. It is important that the OER be written in a manner that is understandable to someone who does not practice your profession. It must also clearly state your potential for future performance. Boards looking at an officer through his/her OER's cannot ask questions or clarify details by directly questioning the officer. This booklet is a compilation of actual excerpts of job descriptions and senior ratings. The intent is to give Army Medical Specialist Corps (SP) officers a guide to the types of job or duty descriptions and senior rater comments that are clear, concise, and competitive.

DUTY/JOB DESCRIPTION KEY ELEMENTS

According to AR 623-105, the key elements of the duty description are:

1. Number of personnel supervised
2. Amount (\$) of resources under the officer's control
3. Scope of responsibility
4. Emphasize specific functions required of the rated officer.
5. Note peculiar conditions of the job

PERSCOM WEBSITE

The following is an excerpt from the PERSCOM OER website. These are helpful hints and a good checklist to help you to ensure that your OER is in competitive and in a "go" status when it is received by PERSCOM. If you want more information, the website address is <http://www-perscom.army.mil>

GENERAL INFORMATION

The OER Information Page. You can access the information page on the Internet through the PERSCOM Online website at <http://www-perscom.army.mil>

Complete-the-Record Reports. The only requirement to qualify (provided you are in or above the zone) is that you have a minimum of 90 calendar days (excluding nonrated time) in the same position under the same rater.

Clarification of AR 623-105, para 3-17c(5)-(7). All signatures on the OER should be dated after the "THRU" date of the report. The intent of AR 623-105 is to have the rated officer sign the OER last, i.e., the dates should be in sequential order (rater, intermediate rater, senior rater, rated officer), or all on the same date. As an exception, to facilitate the rated officer signing the OER after its completion and signature by the rating officials, the OER may be signed and dated by each individual in the rating chain up to 14 days

prior to the "THRU" date of the report. This is specifically for cases where the rated officer and/or rating official(s) departs immediately following the THRU date of the OER. Restrictions to this procedure are detailed in AR 623-105, paragraph 3-17c(7)(a)-(c). However, regardless of the signature dates, OERs will not be accepted for processing at PERSCOM any earlier than the "THRU" date of the report.

AREAS NEEDING SPECIAL EMPHASIS

While the Army is using a new OER form, we did not do away with the requirements and standards we have used in preparing OERs in the past. Often when people hear the word new, they assume everything has changed and is different. In reality, much is the same. For example, only original OERs should be submitted (not reproduced copies); narrative *gimmicks* (BOLD type, exaggerated margins or "picture-framing," spacing between paragraphs, etc.) are not allowed; and all OERs must be signed and dated. These rules have not changed, they are the same rules required for preparing DA Form 67-8 OERs. Other specific errors, which have been noted too frequently, are:

✓ LACK OF POTENTIAL COMMENTS (PART Vb)

Without a doubt, the #1 error is the lack of comments on potential in the rater's narrative. Potential is defined as future promotion, schooling, assignment, and/or command. These comments are mandatory. (See AR 623-105, para 3-20b[2].) Even though the senior rater comments on potential in Part VIIc, the requirement is for raters to comment on potential. We could cut OER processing time significantly if all raters ensured they included comments on potential in Part Vb. Also, Part Vc is not the place for potential comments. That section is reserved for comments on unique skills the rated officer may possess and, effective January 1999, an OPMS XXI potential career field recommendation for future service. If comments on potential are in Vc, the OER will be returned to the rater for correction.

✓ LACK OF 3 FUTURE ASSIGNMENTS RECOMMENDATION (PART VIId)

The #2 error is the failure of the senior rater to recommend three future assignments for the rated officer. This is due in part to a misinterpretation of instructions concerning Part VIId. There are two sentences to the instructions for block VIId: (1) "List 3 future assignments for which this officer is best suited," and (2) "For Army Competitive Category CPT thru LTC, also indicate a potential career field for future service." Many senior raters or their staffs read the first line, not the first sentence, and assume they are required to list three future assignments only for CPTs thru LTCs. THAT IS INCORRECT. Senior raters are required to list three future assignments for all officers (including GOs). (See AR 623-105, para 3-22 c[4].) Even in cases of adverse OERs, these recommendations are required and are valuable in determining a suitable assignment for the rated officer while awaiting any administrative action that may be pending.\

✓ COMPLETION OF PERFORMANCE EVALUATION-PROFESSIONALISM PART IVa and PART IVb

The biggest problem here is omission. Raters need to complete this section carefully. Answer all yes/no questions first. Part IVa requires seven yes/no answers. Part IVb requires 16 yes/no answers, plus a designated number of selections that provide the rater's assessment of the rated officer. Answer the yes/no statements first. Once you complete those, go back and select the required number of attributes/skills/actions required. In Part IVb1, the rater is required to select one attribute which best describes the officer being rated; in Part IVb2, the rater must select two skills; and in Part IVb3, the rater must select three actions. If you have questions on Part IV, refer to AR 623-105, para. 3-19 for additional guidance.

✓ **COMPLETION OF JUNIOR OFFICER DEVELOPMENT PART IVd**

Confusion reigned with regard to Part IVd. The question asked refers to the rated officer not the rater. The easiest way to look at this question is to ask yourself: Does the rated officer rate any LTs or WO1s? If the rated officer does not rate any LTs or WO1s, you should mark "NA"(not applicable). If the rated officer rates LTs or WO1s, ask yourself, did the rated officer do his job (comply with the requirements of the Junior Officer Developmental Support Form (DA Form 67-9-1a) regarding the LTs/WO1s he rates? If the answer is yes, mark the "Yes" block. If the "No" block is marked, it indicates the rated officer did not do his job and as the rater, you are required to comment on the negative response in Part Vb. (DA Pam 623-105 helps clarify this issue.)

✓ **SENIOR RATER NOT SENIOR ENOUGH**

We still receive a significant number of OERs with inappropriate senior raters. The most common problem with these reports is that the person designated as the senior rater on the report is not qualified to evaluate the rated officer. Often, this occurs because the rated officer has been promoted during the rating period. When an officer is promoted, you need to determine immediately if a new senior rater is required. For example: CPT Smith is rated by MAJ Jones and senior rated by LTC Johnson. Four months into the rating period, CPT Smith is promoted to MAJ. LTC Johnson is not eligible to senior rate a MAJ, therefore, a COL should be designated as MAJ Smith's senior rater. (A senior rater option report could be generated at this time, if all the requirements are met). A senior rater qualification matrix is located at Table 2-1 on page 5 of the new OER regulation, AR 623-105, dtd 1 Oct 97. Use this reference as your guide in determining senior rater qualifications. Those of you who have had a report returned for "senior rater grades not met" know there is no easy fix for these reports. You simply cannot designate another officer to act as the senior rater. Usually, the invalid senior rater narrative is placed in the intermediate rater portion and a new senior rater is appointed to perform the review function only. The bottom line is that the officer gets a report without senior rater comments or a block check.

✓ **USE OF NARRATIVE GIMMICKS**

The use of BOLD typing or exaggerated margins ("picture-framing"), has never been permitted when preparing an OER. The rules have not changed under the 67-9 OER system. See AR 623-105, para 3-26 and 3-34. Raters or senior raters who use BOLD type or "picture-framing" to emphasize, highlight or bring attention to a rated officer's performance often are doing the officer a disservice because these OERs will not be accepted and will be returned to the submitting organization for correction, thus, delaying the rated officer's OER from being processed.

✓ **COMPLETION OF PART VIIa**

Many OERs reaching or received at PERSCOM have this block only partially completed. In addition to the block check evaluating the officer's potential, the senior rater is required to identify the number of officers of the same grade as the officer being rated that he (senior rater) rates. When that space is blank, the OER cannot be finalized. This omission results in unnecessary delays since the examiner must contact the senior rater and request the needed information before the OER can be processed. Or, if the examiner is unable to contact the senior rater, the OER may be returned to the PSB. By reviewing OERs more carefully prior to mailing to PERSCOM, this should be an easily eliminated error.

RELIEF FOR CAUSE (RFC) OERS

A great deal of time is lost attempting to process RFC OERs, (See AR 623-105, para 3-32 and 3-33.) Here is a short questionnaire (or checklist) regarding the actions required ensuring prompt processing of RFC OERs:

- Does the OER identify who directed the actual relief?

(1) Rater?

(2) Senior Rater?

(3) Other (outside the immediate rating chain)? (Explain)

- Does the OER require a supplemental review?

(1) Yes/No

- If it does, is the supplemental review documentation included with the OER when mailed to HQDA?

- Who conducts the supplemental review?

(1) If the rater did the relief, the senior rater does the review.

(2) If the senior rater does the relief, the first officer in the chain of command above the senior rater does the review.

(3) If someone does the relief other than the immediate rating chain (rater or senior rater), the review is conducted by the first officer in the chain of command above the individual who directed the relief.

- Must the senior rater complete Part VIId?

(1) Yes. Even if the senior rater has recommended that the rated officer not be retained on active duty, the officer will not be released from Army immediately. Providing recommended assignments will assist those responsible for the officer pending further action.

- Are the following documents included in the RFC OER packet?

(1) Acknowledgement of the referral by the rated officer (separate document when rated officer is unavailable for signature).

(2) Comments from the rated officer (if he chooses to make comments).

(3) Statement by the senior rater if the rated officer refused to sign the OER (separate document).

(4) Statement by other than rating officials with reasons for relief (AR 623-105, para 3-50c[4]).

(5) Supplementary Review

- If any of the required documentation is not included with the OER, processing the OER will be delayed or the OER may even be returned. Therefore, it is imperative that you review the OER carefully before sending it to PERSCOM.

HELPFUL HINTS

HOW OER BATCH PROCESSING WORKS

Batch processing of OERs occurs once the OER is received at PERSCOM. All reports arriving at PERSCOM from the same senior rater for officers in the same grade on the same day will receive the same profile.

For example: A senior rater's profile currently reflects two above-center-of-mass (ACOM) reports and four center-of-mass (COM) reports. The senior rater forwards two more ACOM reports to PERSCOM. If both reports arrive on the same day, the profile will reflect four ACOM and four COM. Since the ACOM category is not less than 50 percent, both incoming reports receive a COM label. If the same two reports arrive on separate days, the profile on the first day would reflect three ACOM reports and four COM, thus, the incoming report would get an ACOM label because the profile has less than 50 percent in the ACOM category. The profile on the day the second OER arrives would reflect four ACOM and four COM and, since the ACOM category is not less than 50 percent, the incoming OER receives a COM label.

PROCESSING DELAYS

OERs received at PERSCOM with errors can cause delays in processing. While the OER will be profiled based on the date it first arrives in the OER Branch, an OER with errors is often put in a hold status while we wait to get information needed to resolve the errors. By the time OER Branch receives the information, corrects the OER, and sends it to Records Branch, where it is put on microfiche, the OER may be as much as six or eight months old. Just remember, when OERs are sent in at or after the 90-day mark, they cannot and will not be processed until all errors have been corrected.

OER MYTHS REVISITED

Rating officials and the rated officer should always leave the signature dates blank for administrative personnel to fill in correctly.

ABSOLUTELY WRONG. Rating officials and the rated officer should always sign and date the report. For the senior rater, the date may affect the profile if the senior rater has restarted his profile.

Signature dates determine whether or not an OER is considered late.

WRONG. Rating officials have 90 days from the THRU date of the report to have a report reach PERSCOM. On the 91st day after the THRU date, the OER is late. Signature dates have nothing to do with the calculation.

Signature dates do not affect senior rater profiles.

WRONG. For example, a senior rater calls PERSCOM on 2 February to restart his profile for CPTs. The restart will become effective 1 March. All reports with a senior rater signature date prior to the effective date of the restart will process against the "old" profile. Reports with a senior rater signature date on or after the effective date of the restart will process against the "new" profile.

I've been promoted or changed jobs, therefore my senior rater profile has been restarted.

The **ONLY** way a senior rater can restart his profile is to personally contact the Evaluation Systems Office at PERSCOM (DSN: 221-9660). The senior rater must have a minimum of three reports in the desired grade processed at DA and permission from his senior rater to restart. Restarts can only be made effective on the first of the month following the request. Restarts **CANNOT** be retroactive.

A LTC can senior rate a promotable CPT serving in a MAJ's position.

A LTC **MAY NOT** senior rate a promotable CPT serving in a MAJ's position. If a CPT is in an S3 slot authorized for a MAJ and is selected for promotion to MAJ, then you **MUST** change the rating scheme immediately with a COL (or GS-15) or higher as the senior rater.

Below-the-zone officers may receive complete-the-record (CTR) reports.

ABSOLUTELY NOT. AR 623-105 para 3-53 is very specific about who qualifies for a CTR OER. (Only officers in or above the primary zone.)

If I submit a CTR report on a below-the-zone officer, PERSCOM may not catch it and it may go before the board.

NOT TRUE. There are many "gates" at PERSCOM that an OER must pass through prior to being seen by the board. First, the computer that processes OERs identifies individuals eligible for selection boards who are below the zone and not authorized CTR OERs. Second, an OER examiner reviews every OER. Based on that review and the list of computer generated errors, the invalid OER will be identified and withdrawn. Third, the person responsible for profiling OERs and distributing them to the DA Secretariat also checks to ensure the OER is valid. Fourth, branch managers who conduct board scrubs also check for discrepancies. (Note: below-the-zone files are physically segregated from primary zone files). Fifth, board recorders for each board check hard copy files. Finally, board members themselves are not timid about identifying possible irregularities in a file to the board recorders. Therefore, **DON'T DO IT!** You will simply waste your time, and the time of many other people, and the report will not go before the board.

Checklist for Preparing the New Officer Evaluation Report (OER)

The following is an unofficial checklist for use by rating officials and personnel responsible for administering OERs in units. This is not an inclusive list; it merely lists some of the areas of the DA 67-9 that have generated a number of mistakes or questions from users. Refer to the revised AR 623-105 for authoritative information regarding the preparation of DA Form 67-9. *Pass this checklist along to rating officials and personnel managers in your unit.*

- For all dates on the 67-9 the "Year" must contain four digits, i.e. "1998." The following parts on the OER require input of a four digit "Year"; **Parts Id., Ii., IIa., IIb., IIc., IVc.**, and on the top of the reverse side of the form.
- **Part Ip.** The PSB code should be the code for the PSB that supports the rated officer's installation.
- **Part IIa, b, c.** Ensure that social security numbers are correct and that rating officials are qualified (see chapter 2, AR 623-105). (Note: Senior raters should "signature date" the OER personally; do not leave the date blank for the PSB to complete.)
- **Part IIc.** For "Branch" - use the Army branch for senior raters who are Army officers, i.e. IN, QM. For sister service senior raters, use the branch of service, i.e. USN, USAF. For civilian senior raters enter DOD/DAC etc.
- **Part IId.** Eliminates the need to forward a copy of the rating official's memorandum informing the rated officer that the report is referred (unless the rated officer is unavailable for signature). Only the rated officer's response, if any, should be attached and forwarded to HQDA.
- **Part IVb.** The rater must check a "Yes" or a "No" for all 16 boxes, and then select one of the three *Attributes*, two of the four *Skills*, and three of the nine *Actions* that best positively describe the rated officer. Note: These selections must be made even in the case of a relief for cause.
- **Part IVc.** Type a "Yes" or a "No" next to the weight indicating whether the rated officer meets the body composition standards per AR 600-9.
- **Part IVd.** If the rated officer does not rate any LTs or WO1s, then the NA box is used. The intent of this block is to evaluate the rater of LTs and WO1s; it is not to evaluate the LTs and WO1s themselves. (For example a CPT, who rates a LT, would have the Yes or No block checked on his OER. The LT would have the NA block checked on his OER.)
- **Part Vb.** This section requires narrative comments on both performance and potential. It is recommended that the rating official end with comments related to potential for promotion, schooling and command selection.

- **Part Vc.** The rater should use this section to identify any unique skill the rated officer possesses which is not adequately addressed in other portions of the evaluation. For example, this may include such things as an in-depth understanding of a foreign culture or an expertise in a particular technology.
- **Part VIIa.** Here the senior rater is making a very *general* evaluation, using his general knowledge of all Army officers of the same grade to make a comparison of the rated officer. There is no restriction in this section for the use of the "Best Qualified" box. Also, at the right hand side of this section, the senior rater annotates how many Army officers of the same grade and same component (i.e. Active Army, ARNG, USAR) are in the current senior rating population.
- **Part VIIb.** Here the senior rater is making a very *specific* evaluation of this rated officer against all other officers of the same grade in his current rating profile and/or current senior rating population. The number of top block checks that will generate an "above-center-of-mass" label is restricted to less than 50 percent of all reports completely processed for that senior rater in that grade (to include the report that is currently being rendered).
- **Part VIIc.** In the narrative portion, the senior rater may not mention where the "X" was placed in **Part VIIb**. Also, ensure that prohibited narrative gimmicks, unproven derogatory information, prohibited comments, and reference to marital status and spouse are not included (paragraphs 3-26 through 3-29 of AR 623-105).
- **Part VIId.** Three recommended future assignments must be listed even in the case of a relief for cause. Also, as in Part Vc., a recommended OPMS XXI career field should not be included until a DA announcement implementing OPMS XXI has been made.

Occupational Therapy

Titles

Department of Surgery Staff Occupational Therapist
Staff Occupational Therapist
Chief, Occupation Therapy Section
Chief, Rehabilitation Services Section
Clinical Director, Occupational Therapy Section
Upper Extremity Rehabilitation Therapist
Assistant Chief, Occupational Therapy Service
Occupational Therapy Services Director
Director Occupational Therapy Internship Program
Training Director, Occupational Therapy Internship
Chief, Combat Stress Fitness Center
Team Member, Combat Stress Control Medical Detachment

Duty/Job Descriptions

Staff Occupational Therapist at US Army Medical Facility providing primary care to over 00,000 beneficiaries, supporting eight graduate medical education programs, and offering many professional training programs. Clinical officer in charge of the inpatient Residential Drug and Alcohol Treatment Facility (RTF). Responsible for all programming, quality assurance, and patient outcomes for RTF. Evaluate and treat patients with various orthopedic, medical and neurological disorders. Participate in ward rounds, patient care conferences, and administrative meetings. Administrative duties include: Education coordinator for staff with various educational levels ranging from high school diplomas to Master's degree. Supervisory duties include: Oversight, education and motivation of 00 soldiers (MOS MEDIC/OT technician) and civilian staff.

Serves as the Assistant Chief, Occupational Therapy Service, Department of Physical Medicine and Rehabilitation at the Army's largest medical center. Responsible for the management of the day-to-day operations, to include program review, personnel utilization of 00 military and civilian occupational therapists, and certified occupational therapy assistants and 00 administrative staff members. As the section's Quality Improvement coordinator, is responsible for the annual update and section's compliance with administrative policies and procedures. Responsible for the annual update and section compliance with administrative policies and procedures. Implements and supervises the Occupational therapy's Psychosocial Treatment Program. Conducts clinical research as appropriate to senior clinician level status.

Director, Occupational therapy Internship Program and Assistant chief of the Occupational Therapy Service at US Army Medical Facility. The service conduct 00, 000 annual clinic visits with four clinical treatment sections, 00 staff personnel, 00 clinic spaces and 00,000 medical rehabilitation equipment. Coordinates, Occupational therapy services for the Regional Medical command with clinics at Ft. USA and Ft. USA. Responsible for planning, directing and supervising clinical and administrative operations, clinical treatment and teaching and oversight for the Army occupational Therapy internship training program. Chairs the Medical Center hospital Patient and Family Education committee. As the senior Occupational therapist in the National Capital area, coordinates integration of DoD therapy related initiatives. Performs Department level responsibilities in absence of Department Chief.

Supervises the Occupational Therapy Inpatient Physical Disabilities Treatment section and the Partial Day Hospital Treatment section. Responsible for administrative, supply and patient care functions of the section. Responsible for the career development and professional expertise of 00 Certified Occupational

Therapy Assistants. Responsible for the instruction and training of 00 65A (Occupational Therapists) interns and 91BN3 (Medic/Occupational Therapy Assistant) phase two students. Ensures a working Performance Improvement Plan for the section. Performs duties as the ergonomic residential expert. Conducts ergonomic evaluations and interventions for the entire post. Participates in patient rounds and Departments administrative meetings.

Consultant, Regional Medical Command in occupational therapy and Chief, Occupational Therapy at US Army Medical Facility, providing primary care to over 00,000 supporting 00 graduate medical education programs and professional training programs, to include occupational therapy. Manage and direct all clinical and administrative policies and procedures for inpatient, outpatient and neuromuscular screening activities. Direct supervision of a staff of 00 therapists and technicians. Indirectly supervises and consults for 00 therapists and occupational therapy assistants in the region. Serves on the committee for ergonomics and health promotion. Ensures staff training and development. Directs supervision or consultation of all treatment programs: drug and alcohol rehabilitation, psychiatry, medicine and orthopedics.

Director Occupational therapy Internship Program and Assistant Chief of Occupational therapy Service at Us Army Medical Facility, a medical center with a 00, 000 annual clinic visit workload, four clinical treatment sections, 00 staff personnel and over 00 in medical rehabilitation equipment. Responsible for administrative and patient care functions. Duties of the internship director include development of the training objectives and requirements, schedules, planning development of the program curricula, and intern selection for Madigan and Walter Reed Medical Centers. Coordinates and consults to the Occupational Therapy Branch Chief on matters related to the Army Internship program. Supervise the Occupational therapy Pediatric and Psychosocial Services. Responsible for the supervision, career development and professional expertise of three officers.

Serves as the Occupational Therapists in a combat Stress Detachment (CSC) in support of III Corps. As part of the CSC, provides evaluation, life skills training and treatment of active duty soldiers. Responsible for program development and implementation of the Combat Stress Fitness Center and community education programs servicing 00,000 soldiers to Fort USA. Assist in maintaining restoration team readiness. Perform as a team member in the execution of Unit Climate Surveys and Critical Incident Stress Debriefings. Responsible for the individual and collective clinical training and leader development of 00 enlisted personnel. Maintain clinical skills by providing direct patient care at USA MEDDAC. Perform functions as unit motor pool officer, family support officer, safety officer and unit fund officer.

Serves as chief Occupational therapist and Supply officer in the US Army Medical Detachment (Combat Stress) in the support of the Combat Support Hospital contingency mission for worldwide deployment. Maintain 100% accountability of installation property and organizational equipment valued in excess of \$00,000, ensuring unit readiness for deployment. Establishes Occupational therapy Service SOP's and treatment protocols. Serves as a member of the unit Restoration Team supervising 00 91 BN3 technicians and providing care to battle fatigue casualties. Provides clinical evaluations in support of community Mental Health Drug and Alcohol outpatient treatment program. Perform administrative and additional duties as assigned

PHYSICAL THERAPY

Titles

Staff Physical Therapy Clinician
Staff Physical Therapist
Department of Surgery Physical Therapist
Assistant Chief, Physical Therapy Service
Assistant Chief, Physical Therapy Clinic
Chief, Physical Therapy
Chief, Acute Outpatient Section
Troop Medical Clinic Physical Therapist

Duty/Job Descriptions

Physical Therapist in the largest US Army MEDDAC serving over 00,000 active duty personnel, family members, military retirees and civilian employees. Serves as an initial evaluator of individuals with neuromusculoskeletal complaints. Implements patient treatment protocols, evaluates progress and refers to other medical professionals as necessary. Assists in supervision of enlisted and civilian staff. Serves as the OIC for the Physical Therapy Clinic at Monroe Troop Medical clinic and the inpatient clinic on a rotational basis. Serves as the Physical therapist Professional Filler officer to the Combat Support Hospital. Edits, writes and publishes Ft. USA, Specialist Corps Unit Commander's Newsletter, titled Commander's Tidbits." Teaches two blocks of instruction to post commanders and first sergeants on prevention of injuries. Organizes and instructs educational training for the patients. Assists with the Physical Therapy Technician's clinical rotation to the Physical therapy Clinic.

Physical Therapist at a 400-bed Medical Center serving as Chief, Inpatient Ward Rehabilitation Team until September and then Chief, Acute Outpatient Care with duties to include: supervision of the Clinic Team which includes the Evaluation/Modality Area, the satellite Troop Medical clinic, the Hydrotherapy Area, and the Therapeutic Swimming Pool; direct supervisor of 00 officers and staff. Resource Advisor for Physical Therapy and Assistant Resource Advisor for the Physical Medicine and Rehabilitation Service; clinical instructor for the IS Army Baylor University graduate students; clinic representative to the Brooke army Medical Center health promotion council.

Staff Physical Therapist serving as officer-in-charge of two of four primary treatment sections in a major medical center clinic averaging 3000 patient visits per month. Performs procedures and duties of neuromusculoskeletal evaluation and rehabilitation to include ordering of radiological studies, medical supplies, and orthopedic appliances. Serves as clinical instructor for physical therapy and physical therapy assistant students. Perform additional clinical duties, in-service training, and other duties as directed.

Directly responsible to the Physical Therapy Service Chief for the organization, management and supervision of the Physical Therapy Service and the three component sections. Advises and informs the Chief on matters regarding daily operation of the Service. Represents the Service Chief and Chief Physical Therapy Section at regional and local meetings in their absences. Responsible for professional development, training and mentoring of the staff. Monitors staff utilization and training. Acts as Program and treatment protocol coordinator. Provides evaluation, assessment, treatment plans and disposition of patients. Assigned as Service Research Director and research consultant for the regional Command.

Responsible for the supervision of 00 physical therapy officers and enlisted technicians, and 00 civilian technicians and receptionists. Provides all Physical therapy care for 00,000_active duty personnel assigned to Ft. Bragg and Pope Air force Base. Responsible for the management of an annual operating budget of \$00,000_and equipment valuing \$000,000. Provides overall supervision of four physical therapy clinics, ensuring appropriate staffing, funding and equipment is available for optimal patient care.

Assistant Chief of the Physical therapy Service at US Army Medical Facility with full responsibility for all patient care administered within the three separate clinical areas of the service. Serves as Chief of Physical Therapy in the absence of the chief. Coordinates officer and enlisted staffing. Ensures access to care for prioritized patient categories. Provides subordinate counseling and career guidance. Monitors compliance with established quality improvement and risk management standards. Serves as senior clinical mentor for professional staff. Clinical expert in orthopedic physical therapy. Faculty advisor and clinical instructor for the U.S. Army Orthopedic Physical therapy Residency Program. Provider of direct patient care. Instructor for the U.S. Army Physical therapy Neuromusculoskeletal Evaluation Program. Chairman of the research committee of the American Association of Orthopedic Manual Physical Therapists.

Chief Physical Therapy Section responsible for all aspects of inpatient and outpatient PT services for a beneficiary population exceeding 000,000. Directs daily activities for a clinic which supports Army, Navy, Marine and Air force active duty, dependents, and retirees with annual visits in excess of 00,000. Provides daily direct patient care as well as indirect supervision of 00 officers and enlisted professionals at the main hospital and 00 officer and enlisted professionals at the troop medical clinic. Responsible for personnel budget and daily operations of the section. Supports the command as the senior Specialist Corps (SP) officer in the region, representing the corps on manpower committees and command awards boards. Coordinates regional PT and SP functions including information dissemination and research.

Chief Physical therapy clinic with 00 staff members, averaging over 0,000 patient visits per year. Responsible for rating and supervising 00 officers, NCO's and civilian employees. Responsible for all quality improvement, administration, patient care, injury prevention, and education programs. Functions as a physician extender providing neuromusculoskeletal evaluations and management of musculoskeletal disorders. Coordinates rehabilitation and return to duty status of soldiers with unit commanders. Support the health clinic commander in completion of the MEDDAC mission. Additional significant duties include Infection Control Officer, Risk Management Officer and Terminal Area Security Officer.

Dietitians

Titles

Staff Dietitian, Medical Nutritional Therapy
Chief, Outpatient Nutritional Therapy Clinic
Chief, Inpatient Care, Medical Nutritional Therapy
Chief, Medical Nutritional Therapy, Clinical Practice Branch
Chief, Nutrition Care Division
Food Service Administrator, Nutrition Care Division
Administrative Director, Food and Medical Nutrition Therapy Division
Director, Health Promotion Clinic
Clinician and Educator, Troop Unit and Outpatient Clinic

Duty/Job Descriptions

Plans and performs the operations of the Medical Nutrition Therapy outpatient clinic for approximately 00,000 outpatients referred for a variety of medical diseases requiring nutrition intervention. Supports a population of 00,000 by providing individual and community nutrition education and assessments. Also presents nutrition classes to groups as large as 300. Actively involved in the Army Weight control Program for the entire post. Performs nutrition counseling at the satellite clinic each week. Provides weekend coverage for inpatient wards and nutrition in-service to other medical staff members of the hospital.

Chief of the Medical Nutrition Therapy clinic at the Army's flagship medical center which provides outpatient medical nutrition therapy for over 00,000 active duty Army personnel in nine regional installations, as well as for retirees and dependents. Supervises a staff of 00 dietetic professionals that provide care to patients in the Gulf War , Endocrine, internal medicine and Pentagon clinics. Preceptor for Army and Air Force dietetic interns and registered diet technicians. Responsible for the medical nutritional therapy at the Office of the Attending Physician, Capital Hill Clinic, and designated VIP patients, including foreign dignitaries, on the Executive unit.

Responsible for administration and management of US Army Medical Facility hospital's Nutrition Care Division, supporting a 000-bed hospital, the 101st Airborne Division (Air Assault), and a community comprised of 000,000 active duty soldiers, retirees and family members. Has total responsibility for services, including areas of food production and sanitation, cafeteria operations that serves over \$0 cash meals per day, and purchasing and receiving of over \$0, food and supplies annually. Leads and mentors a staff of 00 officers and enlisted and 00 civilians. Directs and performs inpatient medical nutritional therapy assessments and dietary education and guides the activities of the health promotion coordinator and outpatient clinic. Manages a continuous quality improvement program.

Responsible for efficient and economical management of the Nutrition Care activities to include 00 civilians and 00 enlisted personnel, with an annual subsistence budget of \$0 and supply budget of \$0 to serve rations monthly; ensure proper nutrition assessment and dietary counseling is provided to inpatients and outpatients; provide nutrition education to the entire community; provide regular training to all Nutrition Care Personnel; prepare operating programs and budget plans; provide internal controls to minimize fraud, waste and abuse of government resources; ensure that practices, policies, and standards are maintained to meet JCAHO, Medical command and OSHA requirements.

Plans, directs, and supervises all operations of the Clinical Dietetics Branch in a 000 bed major. Regional medical center with a full range of medical services. Provides nutrition support to inpatients and outpatients with complex disease states. Supervises 00 military and civilian dietetic professionals and food service workers, as well as volunteers and reservists. Coordinates all Ft. USA nutrition related activities to include an outpatient nutrition clinic and numerous community nutrition education programs. Provides regional support for seven MEDDACs. Serves as division Quality Improvement Officer and member of the post Health Promotion Committees.

Physician Assistants

Titles

Battalion Staff Physician Assistant
Physician Assistant, Troop Medical unit
Battalion Physician Assistant
Senior Battalion Physician Assistant
Hospital Staff Physician Assistant
Department of Surgery Physician Assistant

Duty/Job Descriptions

Works independently under the supervision of a licensed physician. Assists with sick call, physical exams and daily operation of a \$0 million consolidated Troop Medical clinic that provides comprehensive, primary diagnostic and therapeutic services to over 00,000 sick call and physical exams daily for troop population of over 00,000 permanent party, IET, AIT and the Adjutant General Battalion (Reception) soldiers. Admits patients to the minimal care ward providing initial history, physical, assessment and treatment plans, which are co-signed by a physician. Refers patients to physician or specialty clinics when appropriate or out of the scope of care for a physician assistant. Assigns temporary duty profiles. Audits medical records, oversees, and trains 91B medics and civilian licensed practical nurses. Acts as principal medical advisor to units. Serves as acting clinic chief during clinic chief's absence. Maintains 100 percent readiness for PROFIS.

Serves as special staff officer under supervision of the Battalion Executive officer and technical supervision of the Battalion Surgeon. Responsible for medical and dental readiness and deployability of 1st Battalion soldiers. Responsible for routine health care of the US Army Battalion soldiers and families to include daily sick call for active soldiers and work at the hospital family practice clinic when possible. Responsible for deployment of battalion aid station and ensuring that deployment package meets the needs for routine and emergency care in the unique Special Operations environment. Serves as a resource for 18D medic training to include didactic training, field supervision, and precepting in the troop medical clinic.

Primary Medical Officer for a 000 man mechanized infantry battalion with a worldwide rapid deployment mission. Supervises and trains 00 medical personnel. Accounts for assigned personnel medical records. Ensures maximum deployability of battalion personnel. Tracks all aspects of deployability to include immunizations, HIV, physicals, eyewear and mask inserts, allergies, permanent profiles, and hot and cold weather injuries. Established medical protocols and standards for the medical section. Establishes trains and supervises the Battalion combat Lifesaver Program. Supports the First Calvary division by performing primary patient care of assigned personnel without organic medical assets at the TMC. Medically clears all assigned personnel over 40 years of age. Ensures battalion medical assets are 100 percent combat ready at all times.

Assigned as Assistant OIC of Troop Medical Clinic (TMC) #2 that provides routine health care to a patient population of over 0,000 basic training soldiers and cadre. Responsible for providing soldiers with daily quality medical care to include physical exams, diagnostics, counseling, treatment, and referrals when appropriate. Supervises and conducts daily quality assurance checks of the medical care and records provided by enlisted medical personnel assigned to TMC #2. Serves as OIC of the clinic's treatment/emergency room, responsible for its set-up, organization, and the training of clinic personnel in its use. Provide weekend medical coverage for active duty soldiers at TMC #2, regional confinement facility and hospital emergency room on a rotational basis.

Squadron Medical officer responsible for leading medical personnel and managing the medical assets of the Squadron. Duties include advising the squadron and troop commander on health and welfare issues of soldiers and families; conducting daily sick call, Lifesaver and Expert Field Medical Badge training. Monitors pharmacy, maintenance of Aid care. Supervises and instructs on field sanitation methods and equipment, ensures OSHA standards of occupational safety are maintained and hearing conservation evaluation and guidelines are followed.

Senior Rater Information

1. Q. What are we looking for in Part VIIa, "I currently senior rate officers in this grade?"

A. This is the number of officers in the same grade as the rated officer which the senior rater currently senior rates. The best way to determine this number is to ask yourself, "How many officers (in the same rank profile) do I senior rate on the THRU date of the report?" This is a snapshot in time and can/will change depending on officer turnover. This will also change when the senior rater moves to another duty position.

2. Q. Should I check FULLY QUALIFIED in Part VIIa for my COM reports?

A. There was never an intended link between a COM block check and a FULLY QUALIFIED check. Initially, some senior raters perceived a relationship between these two boxes. The intent of these two blocks was clarified in subsequent senior rater updates. Currently, over 96 percent of senior raters are marking BEST QUALIFIED.

3. Q. How do we complete Part VIId?

A. There are two requirements in Part VIId. The first requirement is to recommend three future assignments (3-5 years out) for all officers including relief for cause, REFRAD and retirement OERs. The second requirement is to make a career field designation recommendation for all ACC CPTs through LTCs (promotable 1LTs serving in a CPTs position also). This does not apply to special branches (AMEDD, SJA or Chaplain Corps). Recommendation will read "Would serve the Army best in CF/BR or CF/FA." [MILPER Message 98-194](#) provides procedural details.

4. Q: Are there any specific rules that will help senior raters with small populations (joint duty assignments, aides, warrant officers at battalion level, etc.)?

A: Small populations/immature profiles are handled with a series of rules designed to alert selection boards that the basis of comparison is more limited. A small population is defined as three or less officers in a particular grade that the senior rater has in his population. The number of officers a senior rater has in a particular grade is placed in Part VIIa. A senior rater has an immature profile when he has five or less OERs in a particular grade. The number of total ratings is shown on the DA Label. When briefing selection boards on small populations and immature profiles, board members are told to expect COM and to focus on the narrative. Additionally, exclusive narratives, those that clearly describe superior performance/potential above that of the vast majority, can be used for the very best officers with COM reports in a small population or immature profile scenario. Examples of exclusive narratives include wording such as "top 3 percent, of all officers, the best among a select group, promote below the zone, promote immediately.

5. Q: If the majority of all reports are center-of-mass, how are the best officers in the center-of-mass population identified?

A: The narrative is used to identify the best officers among the center-of-mass population.

6. Q: How do we distinguish among CSL battalion commanders? Aren't they by definition above center of mass officers?

A: No, battalion commanders are essentially a population in and of themselves. The reality is that only one of five CSL battalion commanders will command a brigade; therefore it is the division commander's responsibility to indicate the best. Most of the Army's best will receive at least one center-of-mass report. Those CSL commanders who do not get to command at brigade level will still remain highly competitive for selection to colonel based on the OER narrative, their entire file, and the selection board goals (this occurred during the entire life of the 67-8 system when the majority of our ratings were top box, center-of-mass).

7. Q: How do we take care of select groups?

A: The Army wide goal is for 1/3 of the officers to be rated ACOM. However the system allows for up to 49 percent. Senior raters with selected groups will tend to rate out closer to 49 percent than 33% ACOM. Manner of performance is not the only selection criteria but is used in conjunction with assignment history and the needs of the Army. Boards recognize and give credit to select groups. Officers in select groups already have a strong file, and will remain competitive for promotion and commands.

8. Q: How are senior raters held accountable?

A: We use a three-pronged approach. First, DA will continue to produce a 67-9-2 Senior Rater Profile Report that will be provided to the senior rater so that he can properly track the ratings. Second, DA will include the 67-9-2 on the senior rater's OMPF along with strong words in the selection board MOI addressing leadership rating responsibility. This form will provide a profile history that quickly reveals a senior rater's rating performance. Those whose 67-9-2 performance record indicates an abrogation of this responsibility may be at risk for advancement. Third, when a senior rater fails to maintain a credible profile, DA will contact the senior rater through the chain of command by either the CG of PERSCOM (COL/GS15 and below) or the CSA/VCSA (GO/SES) depending on the grade of the senior rater.

9. Q: How are restarts handled?

A: If the senior rater has not properly managed his profile then it is in everyone's best interest to restart, regroup and do it right. We allow senior raters to restart after three senior ratings in a particular grade have completely processed at PERSCOM and the senior rater has the permission of their senior rater. The restart does not become effective until the first day of the month following the request. The signature date on the reports determines whether they are profiled under the old or new profile. If the senior rater properly manages the profile there is no need to restart. In fact, there is a disincentive to restart because in a very small profile, (three or less) there are fewer possibilities for ACOM ratings. There have only been a small number of restarts since the inception of the new system, all being from non-Army senior raters. Remember, restarts are done by telephone only!

10. Q: How often can a senior rater restart his profile?

A: Senior raters can restart their profile as often as desired (as long as three ratings have been made in a particular grade since the last restart and they have permission from their senior rater). However, we do not advise senior raters to restart often. We encourage them to build a cushion by identifying their top 1/3.

11. Q: What if my best officer comes up first?

A: Your first single rating in the top box for each grade will always be labeled as an ACOM. However, if you use the top box for the first officer then you cannot give another above center-of-mass rating until you have three ratings in the second or lower box(s).

12. Q: What about multiple ratings of my best officers?

A: The rules apply and each rating counts, whether multiple or not. The system is designed so that the senior rater evaluates an officer against those he has rated, is rating and will rate. The senior rater needs to take multiple ratings into account when developing his rating strategy. If an officer receives an ACOM and the senior rater profile does not support a second ACOM, boards are briefed that this is not a downward turn in performance unless the narrative so indicates.

13. Q: How do I ensure my reports get properly sequenced?

A: The system for sequencing reports will not change. With the managed profile system, there is no need to sequence every single report.

14. Q: Why don't we just go to a cyclic evaluation system?

A: In a cyclic system all officers of a given grade are rated at the same time. While a cyclic evaluation system will fix having to worry about sequencing officers, it brings on even greater

problems. The first is a perception that it is unfair in that some officers who have been there for only a short period of time are rated against those who have been there much longer. The second problem is that the out-of-cycle reports, which occur when the rater or rated officer leave, are inflated and therefore do not really count. Finally, this results in extreme pressure on the way we rotate, reassign and deploy as all officers try to remain in place through the last rating month.

15. Q: Why did we separate 1LTs and 2LTs for profile purposes?

A: We did not want to create a system where 2LTs are profile builders for 1LTs.

16. Q: If an active component officer senior rates an AGR officer, how will the profile be calculated?

A: Each senior rater can have up to three profiles for each grade (active, Reserve, and National Guard) which are maintained separately. Officers will only be compared against officers of the same grade and component. It is critical for senior raters to understand this. The system DOES NOT allow them to use reserve and guard officers as COM builders so that active component officers can receive ACOM or vice versa.

17. Q: The numbers say that officers with COM ratings will be promoted and some not (the big middle); how will the promotion boards differentiate?

A: The overall file, narratives, assignment history, needs of the Army and other factors.

18. Q: How will selection boards and assignment managers avoid "overweighing" the new OER versus the last several years of the 67-8 (inflated)?

A: Selection boards and assignment managers are instructed on the change in philosophy with a formal MOI to the board. They are instructed to pay particular attention to the narrative portions of the 67-8 during the inflation "era." Past experience has shown that the OER power begins to shift from the old to the new around three OERs.

19. Q: Are there any exceptions to the managed profile policies?

A: Categorically, no. For every exception there will be another organization or type position that feels they should also get an exception. We cannot afford to "silver bullet" certain jobs and maintain the integrity and officer corps trust in the system.

20. Q: Are there automatic proceedings when an officer is boxed in the "Below Center-of-Mass-Do not Retain" block?

A: Not as part of the OER system. However, a determination will be made at PERSCOM whether or not the officer requires a "show cause" proceeding. This is the same as the 67-8 system.

21. Q: What is difference between a "Below Center-of-Mass -- Retain" and a "Below Center-of-Mass --Do not Retain" block check -- they both do the same thing?

A: In both instances the rated officer's potential is below the majority of officers in the senior rater's population. The breakout of the two boxes gives the senior rater the ability to recommend whether or not the officer should be retained for further development or eliminated from the Army immediately.

22. Q: Which portions of the 67-9 are used for discriminating the evaluations among officers (by selection boards and assignment managers)?

A: The rating system is not just one report, it's a whole person evaluation at a point in time. Therefore, the entire evaluation is important. Experience has shown that the duty description and the rater's portion of the report, particularly the potential comments, significantly enhance and augment the senior rater's capstone evaluation.

23. Q: Why don't we eliminate the ACOM less than 50 percent restriction for CSL commanders and use a separate mechanism annually to identify the best commanders solely for future command?

A: Yes, commanders are some of our best officers, but for every four or five company commander's there will be only one battalion commander; and for every four or five battalion commanders, there will be only one brigade commander. Who knows which ones are the best?

Bottom line, we have a high quality officer corps and the rating system needs to be the same for all.

24. Q: 49 percent ACOM is too high; why don't we drop it to 30 percent in order to identify only the best and build a larger COM population?

A: We looked hard at what the right number should be and modeled possible outcomes. Bottom line is that we wanted to keep it simple for senior raters and yet still build a big enough COM population so that an officer can succeed with COM ratings in their file. Less than 50 percent will do that with the selection rates we currently have to MAJ and LTC. Remember, promotion and selection boards focus on a file that consists of many reports not just a single report.

25. Q: OERs should be sent through PSBs for quality control rather than directly from SR to DA. How will PSBs manage OER submissions?

A: The senior rater has always had responsibility for all aspects of the Officer Evaluation Reporting System, to include the correct sequencing of reports. The change of policy allows three options (through the PSB to DA; PSB quality control, return to the SR for submission to DA; and direct to DA) which will give senior raters the authority that goes along with the responsibility. We will also give SRs more tools to determine when reports process, such as the Interactive Voice Response System (implemented in Jan 99).

26. Q: Ninety days to submit a report to DA is too long; it won't fix late reports; will not take care of officers; and it opens up the possibility that the rating will be influenced by events that occur outside of the rating period. Why did we change the submission time?

A: The 90-day submission for reports is not designed to fix the late report problem. Ninety days is intended to give the SR flexibility in managing his profile, especially prior to building a sizable profile with a 33 percent ACOM population and to ensure the rated officer gets to see and sign the report last. The regulation has not been changed with respect to using events outside of the rating period. The report will still need to be completed and provided to the rated officer in a timely fashion. The extra time is for submission, not preparation. It is inappropriate for senior raters to hold reports past 90 days for sequencing purposes. These reports will be counted as late at HQDA and reflect in the monthly late statistics report which PERSCOM sends to the MACOMs or someone designated as the senior rater's profile manager (adjutant /XO/secretary).

Note: All PA's must be rated by a physician per AR 623-105.

Senior Rater Comment Exerpts

Acknowledged as the best in the Division. Combines the correct mix of clinical expertise, tactical prowess, compassion, and leadership by impeccable personal example. Contributes to the readiness of this battalion and his/her potential to continue to make substantial contributions to the Army are immeasurable and absolutely peerless. Clearly operates at a level well above that of contemporaries and already shows potential selection for below the zone to Major. I am convinced that he/she is one of the best in the Army today.

Energetic, bright and creative, this superstar is hands down the best I have seen in many years. He/she gets out in front of the pack and draws attention because he/she is not only a great soldier but a terrific leader as well. Taking care of soldiers is more than a buzz phrase for this Young Turk: he/she delivers day in and day out. This is evidenced by the trust placed in him/her to command an Area Support Medical Company (AMSC), the very first in the history of the United States Army ever to hold TOE command. Over the horizon, I clearly see her as a battalion commander, and most likely, a General Officer. Although he/she excels in health environments, do not stovepipe in clinical assignments; get her/him out in front of the troops as often as possible. Keep her/him challenged, green and keep her/his boots muddy.

The best in the Army. Clearly in the top 1-2 percent of his/her contemporaries, is experienced, mature professional who strives to improve the level of medical care to soldiers and families. He/she is highly respected by all for high professional standards and teamwork in the battalion. Is a must select for Major below the zone and resident CGSC at first look. He/she will serve in any command or staff position with distinction.

Superb performance. Contributions to the unit have been significant and long term. He/she displays the highest levels of technical competence. She/he is industrious, conscientious and diligent. She/he performs with unusual accuracy, thoroughness and effectiveness. Unlimited potential. Promote ahead of contemporaries.

Absolutely the top 1% of AMEDD officers. Fully agree with rater's assessment of this outstanding officer. He/she is a highly intelligent, energetic and decisive military professional who gets things done. She/he has the ability to analyze complex issues and propose realistic, thought-out solutions. Has been and invaluable asset to the organization. He/she is an action-oriented leader whose vision and talents extend beyond branch specific duties. Can handle any position of responsibility within the AMEDD. Potential is unlimited. Promote now.

Without question, the absolute best. In the top 2 percent of contemporaries. Demonstrates a comprehensive knowledge of the field. She/he excels in interpersonal communications and displays highly sophisticated skills and strategies. He/she has made a substantial contribution to the growth of the organization. Promote and select for advance schooling.

Outstanding performance by this young, bright officer. Is head and shoulders above his/her peers. Her/his positive attitude, enthusiasm, technical expertise, durability, and adaptability have made her/him a valuable asset to this organization. She/he is the kind of officer and leader the Army can't afford to lose. Promote now. This officer has unlimited potential.

Is a superstar; must keep her/him on track to critical positions and groom for senior leadership. He/she has broad based skills. Diligent, intuitive and innovative; indispensable traits in the Army of the 21st Century. Ready for any challenge. Select for voluntary indefinite. Do not fail to promote now.

Is the best of the six _____ - that I senior rate. I give him/her the most arduous and difficult tasks and she/he always excels. His/her performance of duty is exceptional in all respects and clearly performs at the Field Grade officer level. Select for resident service schooling. Promote below the zone now. Groom for senior leadership positions.

Continued to be the best major assigned to this unit. She/he consistently performs at a level way above his/her peers. Promote right now, below the primary zone, select for lieutenant colonel level corps nonspecific command, then select for Senior Service college. Groom this great officer for the highest AMEDD leadership positions.

Select this exceptional officer for Colonel now. He/she is General Officer material. He/she is a strong visionary with superior thinking skills. She/he is an innovator and a 21st century transformational leader. She/he is an effective negotiator and quietly resolves complex and controversial issues. This officer drives change and has gained respect from all disciplines in the Department of Defense. Absolutely promote now.